

United States Senate

WASHINGTON, DC 20510-0907

November 18, 2009

The Honorable Kathleen Sebelius
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Secretary Sebelius:

I write to you today with great concern regarding recent U.S. Preventive Services Task Force (USPSTF) recommendations against routine screening mammography in women aged 40 to 49 and those over 75. Even more concerning are recommendations against teaching self breast examinations. The release of these recommendations come as a shock and seems to contradict previous guidelines released by this same task force in 2002; guidelines currently used by health care providers nationwide that share broad support from experts at groups such as the American Cancer Society (ACS) and The American College of Obstetricians and Gynecologists (ACOG).


These expert groups have announced they will continue to use current guidelines for breast cancer screening despite recommendations by the task force. Both the task force report and the ACS note that deaths from breast cancer since 1990 have declined 2.3 percent per year for all women and 3.3 percent per year for women aged 40-50. These statistics clearly show that lives have been saved by screening mammography in women within the 40-50 age group, one that USPSTF now recommends not be screened.

I recently had the opportunity to speak with Dr. Ana Viamonte-Ros, Florida Surgeon General, who shares my concern regarding these recommendations. Experts across the country have also expressed concern. One such expert is Dr. Gary Lyman, a breast cancer oncologist at Duke University. Dr. Lyman notes that since release of previous guidelines in 2002 only one study has come out in the area and that it did nothing to change doctors' knowledge of mammograms. Dr. Lyman also points out the panel that created the USPSTF recommendations does not contain a breast cancer specialist.

It is my deep fear that these newly released breast cancer screening recommendations will only cause confusion and ultimately result in fewer life-saving early detection screenings. I know firsthand the importance of early detection. My mother is a breast cancer survivor who received timely, lifesaving treatment as a result of early detection while she was in her 40s. I am also concerned that both government and private payers of health care may use this study to deny payment or ration care for early detection procedures.

I urge you to publicly speak out against the Task Force's recommendations and take all necessary steps to prevent this study from discouraging women from seeking early detection screenings that are proven to increase the chances of survival from this terrible disease.

Sincerely,



George S. LeMieux
United States Senator